

Lexington-Fayette Urban County Government
Division of Grant and Special Programs
200 East Main Street, 6th floor
Lexington KY 40507
(859) 258-3070
CDBG/HOME
Housing Rehabilitation Loan Program

PRELIMINARY APPLICATION

1. Date of Application: _____
2. Applicant's Name: _____
First M.I. Last
3. Co-Applicant's Name: _____
First M.I. Last
4. Home Address: _____
Street Address Zip Code
5. Telephone Number: Applicant: () _____ () _____ () _____
Home Work Cell
Co-Applicant: () _____ () _____ () _____
Home Work Cell
6. Number of Persons in Household: _____ Adults 18 or Older
_____ Children 17 or Under
7. The annual income from all sources of applicant(s): \$ _____
The annual income from household members 18 and under: \$ _____
TOTAL: \$ _____
8. Do you own the home? Yes _____ No _____
9. I currently : _____ Own my house free and clear.
_____ Am buying my house (I have a mortgage to pay off)
_____ Other : _____

10. The current outstanding debt on our home is: \$ _____ 1st Mortgage balance
\$ _____ 2nd Mortgage balance
\$ _____ Other
\$ _____ TOTAL

I/We certify that all the statements on this pre-application are true and correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant: _____
Signature Date

Co-Applicant: _____
Signature Date

FOR OFFICE USE ONLY

PVA: \$ _____ Previously Assistance? _____ When: _____ Amount: \$ _____

Denied Previously? _____ When: _____ Placed On Waiting List _____ By: _____

CE _____ M _____ R _____ TFN _____ RA \$ _____ CAC \$ _____ Letter Sent _____ By: _____